

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1341 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm B Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, 3 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } No 1505 Canvack St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 16 1887

Undertaker, J. B. Cook M. E. Warner M. D.

Place of Business, 1003 W. Baltimore Address, Lafayette Ave & 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1342 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Henry Roberts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, 5 Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 628 Stockton al

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Shapert cemetery

Date of Burial, July 16 1887

Undertaker, William A. Dwyer M. D.

Place of Business, 150 East St Address, 613 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1343

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Myola Cole.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

//

Months,

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

887 Boyd St -
Cholera Infantum
& exhaustion
10 day -

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial,

Public

Date of Burial,

July 16 " 1887

Undertaker,

Geo. E. Brown

Place of Business,

Health Dept

Address,

N. W. Lombard St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1344 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Furst.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 3 1/2 Months, Days.

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1242 Eastern St. (S)

Cause of Death, { First (Primary), Second (Immediate), } Chol. Infantum
Ex

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, July 16 1887

Geo. Lemback Undertaker, J. J. Flannery M. D. Medical Attendant.

647 N. Pratt St. Place of Business, 1701 Dr. Hill av. Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A-1345 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1889
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M. Gross
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 45 Years, 11 Months, ✓ Days
Color, Brown skin
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Lecturer
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Danvers Co. MS
Duration of Residence in the City of Baltimore, Seventeen (17) Years
Place of Death, { Give Street and Number. } * 1132 Hill St
Cause of Death, { First (Primary), Organic Disease of Heart
Second (Immediate), Pulm. Hemorrhage }
Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, July 17th 1889
{ Undertaker, Saml W Chase } Dr. Winsley M. D. Medical Attendant.
{ Place of Business, 64 S. Howard St } Address, 1220 E. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. **A.**

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore,

Permit No. **A 1345** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 15th 1887*
 Full Name of Deceased, { Write legibly with ink and spell correctly. If an infant not named, give names of parents. } *John W. Snoves*
 Sex, Male or Female, { Cross out the words not required in this line. } *Male*
 Age, *45* Years, *11* Months, *—* Days.
 Color, *Brown skin*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
 Occupation, *Doctor*
 Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Deven Anne Co Md*
 Duration of Residence in the City of Baltimore, *Seventeen Years*
 Place of Death, { Give Street and Number. } *1132 Hues Lane*
 Cause of Death, { First (Primary), Second (Immediate), } *Organic Disease of Heart*
Pulm Hemorrhage
 Duration of Last Sickness, *Six Months*

All the above information should be furnished by the Physician.

Place of Burial, *—*
 Date of Burial, *—*
 { Undertaker, *W. Winsey* } *M.D.,*
 { Place of Business, *—* } Medical Attendant.
 Address, *1220 E. Fayette*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of card.

Health Department, City of Baltimore.

Permit No. A. 1346 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14/1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Washington

Sex, Male ☒ Female ☐ { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, 4 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 217 Lewis St.

Cause of Death, { First (Primary), Second (Immediate), } convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Lawn Cemetery

Date of Burial, July 16/1897

Undertaker, Wm. A. Adams Francis A. Gann M. D. Medical Attendant.

Place of Business, 826 East Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

1344

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wilhelmine Berg Rosga*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 46 Years, 3 Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give Street and Number. } *1628 Fort Ave.*

Cause of Death, { First (Primary), *Gastro-Enteritis* Second (Immediate), *Asthenia* }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *July 17th*

{ Undertaker, *B. Harle* }

{ Place of Business, *115 West St* Address, *610 S. Sharp St.*

J. M. Gumbel M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1348

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~four~~ ^{twenty-four} hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 14, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Schult

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Agar Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balh

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give Street and Number. } 50 142nd St

Cause of Death, { First (Primary), Brouchitis; Second (Immediate), Apoplexy

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th

{ Undertaker, B. Harle } { Theodore Burke M. D. Medical Attendant.

{ Place of Business, 115 West St. } Address, 578 Hammond

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

1349

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clara R. Main

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 29 Years,

9 Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

29 & 9.

Place of Death, { Give Street and Number. }

1640 Light St

Cause of Death, { First (Primary), }

Second (Immediate),

Consumption

Duration of Last Sickness,

Some time

All the above information should be furnished by the Physician

Place of Burial, Laurel Park

Date of Burial, July 14

Undertaker,

B. H. Hale

R. C. Lee M. D.

Medical Attendant

Place of Business,

115 West St

Address,

Harmon St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]